

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Latinos for Reform

(b) Address (number and street) ☐ check if different than previously reported

P O Box 26366

(c) City, State and ZIP Code

Alexandria

VA

22313

### 2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 3. Is This Statement

☒ New

or

☐ Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

through

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

### 5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y

1 0 / 2 2 / 2 0 0 8

(b) Communication Title Obama and the Latino Community

### 6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

### 8. Custodian of Records

(a) Name

Robert Garcia dePosada

(b) Address (number and street)

205 N Berry Lane

(c) City, State and ZIP Code

Madison

VA

22727

(d) Name of Employer or Principal Place of Business

ONE Marketing &amp; Research Inc.

(e) Occupation

Owner

### 9. Total Donations This Statement

23400.00

### 10. Total Disbursements/Obligations This Statement

15700.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Robert dePosada

SIGNATURE Electronically Filed by Robert dePosadaDATE 10/22/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

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